Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 155366ZO
Proposed Use: Swimming Pool
Location of Property: 112 Tall Oak Dr. Mooresville NC 28117
Parcel #: 4626961476.000
Lot #: 24 Size:
Applicant: Eric Rosentreter
Address: 112 Tall Oak Rd.
Mooresville NC 28117
Phone: 704-664-3911
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Poplar Grove
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV CRIT
Owner: Eric Rosentreter
Address: 112 Tall Oak Rd.
Mooresville, NC 28117
Phone: 704-664-3911
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:
Min. Lot Width:
Min. Number Parking Spaces:
Min. Front Yard:
Min: Rear Yard: 10 ft
Min. Left Side Yard: 10 ft
Min: Right Side Yard: 10 ft
Max. Built Upon Area:

Comments:

SWIMMING POOL - STRUCTURE BEING USED AS A FISH POND-Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking

Directions:

Brawley School Rd, rt on Poplar Grove, rt on Tawny, lft on Tall Oak, house on rt

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	~~$0.00~~ 485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		~~$55.00~~ 540.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $55.00 is charged on all permit applications.

PAULA WOODY

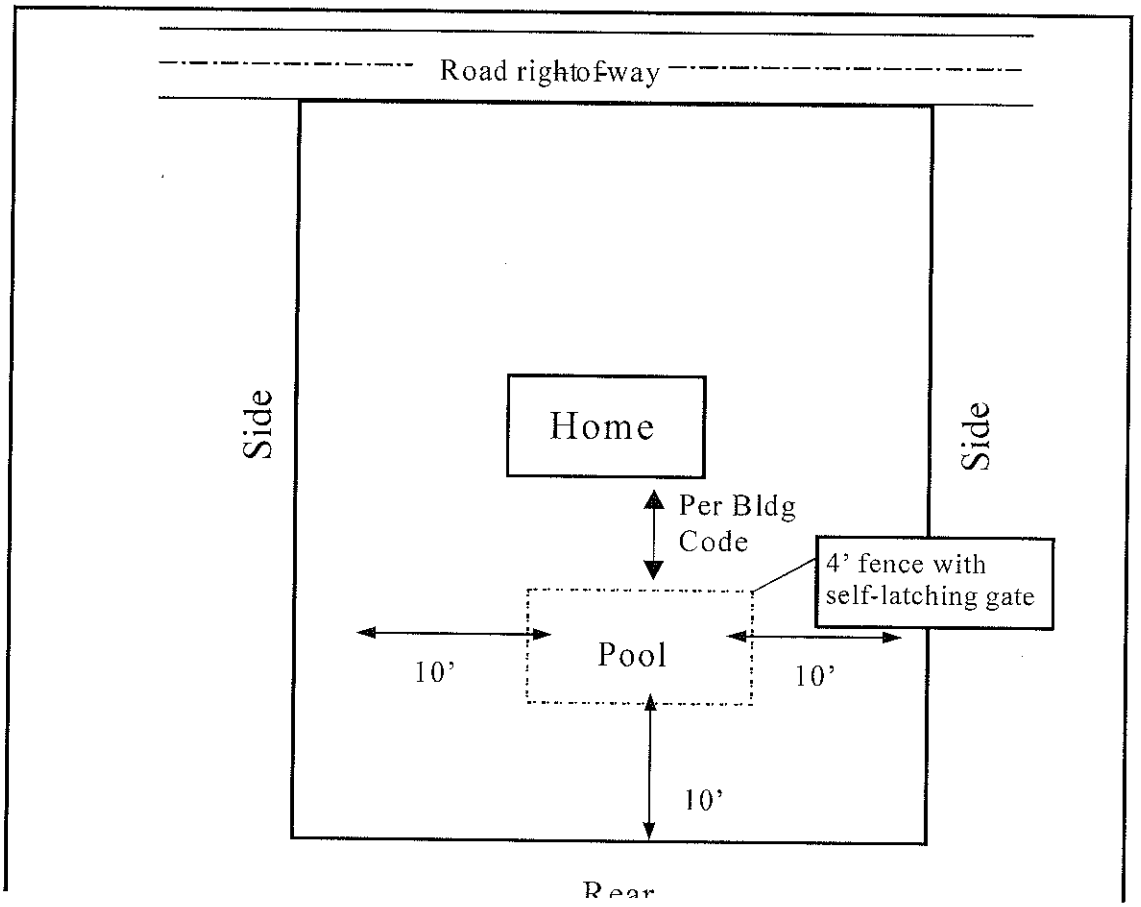
Printed: 3/4/2009

ZONING DISCLAIMER

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant Date

STREET NAME: 112 Tall Oak Drive



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.